



Golden Rocket Boosters

YOUTH BASKETBALL REGISTRATION

Participant Information

Name

Age

Group (check mark the appropriate grade range):

☐ 1st & 2nd Grade

☐ 3rd & 4th Grade

☐ 5th & 6th Grade

Parent / Guardian Information

Name

Street Address

City

State

Zip Code

Primary Phone #

Work Phone #

E-Mail Address

Does your athlete have any allergies, chronic illnesses, or other medical conditions that would limit high level activity?

☐ Yes

☐ No

If Yes, please provided a brief description: _____

_____.

Name of Primary Physician: _____

Preferred Medical Care Facility: _____

Health Insurance Provider (if any): _____

Participation Fee (\$25.00/ check mark the appropriate option)

- ☐ I have enclosed cash, check, or money order for payment of my child's participation fee.
☐ I am requesting financial assistance in lieu of payment for my child's participation fee.
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Acknowledgement/ Liability Waiver

By signing below, I, _____, affirm that I am the legal Parent/ Guardian for

(Print Parent/ Guardian Name)

_____, and hereby grant my consent for my child's participation in Golden

(Print Participant's Name)

Rocket Boosters Youth Basketball program. I understand that, while unlikely, participation in any sporting activities involves risk of physical injury and/ or death. I expressly assume the risk of injury, death, and/ or illness arising from any cause in connection with my child's participation in Golden Rocket Boosters Youth Basketball program and agree to waive any right to pursue any legal claim against the Golden Rocket Boosters, their Board of Directors, coaches, volunteers, or any owner/ operator of any facilities at which Golden Rocket Boosters sporting activities take place. I also grant my permission and consent for Golden Rocket Boosters to secure any and all necessary emergency medical care and treatment by qualified medical personnel for my child and authorize the person(s) in charge to arrange transportation of my child to an emergency medical care facility if necessary.

Parent/ Guardian Signature

Date